

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/672,585 FILING DATE _____
 APPLICANT(S) _____

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2				1		
3				2		
4				1		
5				1		
6				1		
7				1		
8				0		
9				1		
10	1					
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TOTAL IND.			17			
TOTAL DEP.						
TOTAL CLAIMS			18			

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